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**DECLARATION - USA PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled FEMORAL SLIDEWAY; the specification of which was filed on **March 2, 2000**, as Application Serial No. **09/517,674**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56;

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority  
Claimed

No.: <b>299 03 766.5</b>	Country: <b>Germany</b>	Date Filed: <b>March 2, 1999</b>	<b>Yes</b>
<b>299 06 909.5</b>	<b>Germany</b>	<b>April 16, 1999</b>	<b>Yes</b>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

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Full name of first inventor: **Dr. Hans Schmotzer**

Inventor's signature \_\_\_\_\_

Date 19. May 2000

Residence: **Wallenmattstrasse 8, 5742 Kolliken, SWITZERLAND**

Citizenship: **German**

Post Office Address: **Same as Above**

Full name of second inventor: **Prof. Dr. Med. Peter Schuler**

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Residence: **Waldenser Strasse 8, Palmbach, 76228 Karlsruhe, GERMANY**

Citizenship: **German**

Post Office Address: **Same as Above**

Full name of third inventor: **Dr. Med. Udo Malzer**

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Residence: **Kanonierstrasse 15, 76185 Karlsruhe, GERMANY**

Citizenship: **German**

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